

JOINT MEETING OF THE MHDS COMMISSION & IOWA MENTAL HEALTH PLANNING COUNCIL

April 19, 2021

12:30 am to 4:30 pm

Zoom – Approved 6/17/2021

MHDS COMMISSION MEMBERS PRESENT:

Betsy Akin
Diane Brecht
Timothy Perkins

Lorrie Young
Sen. Sarah Trone Garriott
Rep. Dennis Bush

MHDS COMMISSION MEMBERS ABSENT:

Teresa Daubitz
Maria Sorensen
Janee Harvey
Shari O'Bannon

Cory Turner
Rep. Lindsay James
Sen. Jeff Edler

**MENTAL HEALTH PLANNING COUNCIL
MEMBERS PRESENT:**

Teresa Bomhoff
Rachel Cecil
James Cornick
Jim Donoghue
Jacquie Easley
Kris Graves
Kyra Hawley
Theresa Henderson
Vienna Hoang
Michael Kaufmann
Diane Kekstadt
Earl Kelly

Anna Killpack
Rep. Bob Kressig
Todd Lange
Katie McBurney
Edward Murphy
Hannah Olson
Donna Richard-Langer
Brad Richardson
Jennifer Robbins
Kristin Roof
Dennis Sharp
Dr. Shaad Swim
Heather Thomas
Brook Whitney

MENTAL HEALTH PLANNING COUNCIL MEMBERS ABSENT:

Kenneth Briggs
Julie Kalambokidis
Michele Tilotta

Rep. Ann Meyer
Sen. Nate Boulton

OTHER ATTENDEES:

Theresa Armstrong
Emily Berry
Rhonda Chittenden
Wendy DePhillips
Marissa Eyanson
Meghan Freie
J. Gibbons
Melinda Haley
Emma Hall
Bill Kallestad
Don Kass

Todd Noack
John Parmeter
Denise Rathman
Libby Reekers
Flora Schmidt
Susan Seehase
Mikki Stier
Sandy Swanson
Gano Whetstone
Richard Whitaker
Russell Wood

Materials Referenced:

By the Numbers – The Story of Youth Mental Health Disparities in Iowa PPT
Iowa Developmental Disabilities (DD) Council State Plan 2022-2026 PPT
Iowa Developmental Disabilities (DD) Council State Plan 2022-2026

DHS Welcome

The meeting was called to order at 12:31 p.m. Marissa Eyanson, Administrator, DHS, Division of Community Mental Health and Disability Services welcomed everyone and noted that this was an important time for mental health and the intersections in our system. Marissa went on to discuss several topics of focus and work for DHS over the next year including working with the Iowa Department of Public Health (IDPH) on the implementation of 9-8-8, the current active Department of Justice investigation, work related to the State's community integration strategic plan, study on inpatient bed tracking, solidifying telehealth, Governor's compromise bill regarding mental health funding, and program alignment between the DHS and IDPH.

MHDS Commission Member and Iowa Mental Health Planning and Advisory Council Member Introductions

Wendy DePhillips led a roll call of MHDS Commission members, Iowa Mental Health Planning and Advisory Council members and the representative from the Iowa Developmental Disabilities Council and requested they introduce themselves and note their position on the Commission or Council.

Youth Risk Behavior Survey & Iowa Youth Survey

Rhonda Chittenden, Iowa Department of Public Health introduced herself and shared the PowerPoint presentation, "By the Numbers – The Story of Youth Mental Health Disparities in Iowa." The PowerPoint reviews data outcomes of the 2018 Iowa Youth Survey (IYS) and 2019 Iowa Youth Risk Behavior Survey (YRBS). Rhonda indicated that due to the Governor's emergency declaration regarding the pandemic, IDPH did not distribute the IYS and YRBS in 2020, but would be doing so for the 2021 school year.

There was discussion regarding the lack of diversity in the data, school districts, specifically diverse districts, not participating, possibility of expanding survey questions to include self-harming behaviors, as well as improving methodologies and community relations to increase participation to allow for better weighted data.

MHDS Commission Overview and Update

Lorrie Young provided a brief overview of the MHDS Commission stating it was created by state statute, and its membership is prescribed by Iowa Code and members are appointed by the Governor and confirmed by the Senate. The Commission is comprised of representatives from counties, providers, MHDS Regions, Department designees, consumers of services and their family members, advocates, and non-voting legislative members.

Lorrie indicated that the Commission duties include advising the Department of Human Services, Mental Health Administrator on administration of the mental health and disability services (MHDS) system, adopting administrative rules relating to mental health or disability programs, adopting standards for Community Mental Health Centers (CMHCs) and their services, adopting standards for the provision under medical assistance of individual case management services, to set standards for services available to persons with disabilities, to review licensing standards used by DHS or the Department of Inspections and Appeals for facilities providing those services, to assure grievances in those areas are responded to and handled appropriately, to adopt necessary rules for how grants are

handled, and to report on all of these to the Governor and to the General Assembly. Lorrie reviewed the statutory requirements of the MHDS Commission as well and provided a brief update on recent MHDS Commission activities over the last year.

Iowa Mental Health Planning and Advisory Council (IMHPC) Overview and Update

Teresa Bomhoff shared an overview of the Mental Health Planning Council and its activities. She noted several differences between the MHDS Commission and the Council including that the Council is authorized by federal law and required as a condition of Iowa receiving federal Community Mental Health Block Grant funds, members are elected according to Council bylaws, and the Council meets bi-monthly (six times a year). Teresa reviewed the Council's three purposes to review Iowa's Mental Health Block Grant Plan and make recommendations to DHS, to advocate for adults with serious mental illness, children with serious emotional disturbance and their families, and other individuals with mental illness, and to monitor, review, and evaluate the allocation and adequacy of mental health services within the state. Teresa also reviewed the federal membership requirements and member categories.

Teresa noted that the Planning Council's bylaws require at least three standing committees. The Executive Committee composed of the Planning Council's officers, the Nominations Committee which recommends applicants for membership to the Planning Council, and the Monitoring and Oversight Committee, which has developed a list of priorities for MHDS.

Iowa Developmental Disabilities (DD) Council Overview and Five-Year State Plan Presentation

Bill Kallestad, Public Policy Manager, DD Council thanked the Commission and Planning Council for inviting him to speak and shared the PowerPoint presentation, "Iowa Developmental Disabilities (DD) Council State Plan 2022-2026". Bill reviewed the mission and vision of the DD Council and briefly touched on establishment of the DD Councils nationwide as well as the funding and oversight. Bill noted that nationally DD Councils in each state, including Iowa, act in tandem with their state University Centers for Excellence in Developmental Disabilities (UCEDD) and the state Protection and Advocacy organization. The DD Council has a federal mandate to engage in advocacy for systems change, to ensure that individuals with developmental disabilities have services in the community, culturally competent resources, and that they can live independently in communities they choose.

The DD Council has a prescriptive membership, much like the Planning Council and the Commission. 60% of the members must be people with disabilities and their family members, and within that 60%, one third must be individuals with developmental disabilities, one third must be family members, and one third can be either. In addition to that there are mandated agencies that must be represented, including Iowa Vocational Rehabilitation Services (IVRS), Iowa Medicaid Enterprise (IME), the Iowa Department on Aging (IDA), Iowa Department of Public Health (IDPH), The Department of Education (DE), Disability Rights Iowa (DRI), and The University of Iowa Center for Disabilities and Development (CDD). The Governor appoints all of these members.

Bill shared the DD Council's five-year plan for progress that includes the three main goals of the DD Council, advocacy, systems change, and capacity building, as well as the various objectives within each of these larger goals. Bill noted that if anyone would like to provide feedback about the plan that they could reach out by email or phone and provided that contact information.

Children's System State Board Update

Rich Whitaker provided an update from the May 11, 2021 Children's Behavioral Health System State Board meeting. Rich noted that Marissa Eyanson, Administrator, CMHDS presented on behalf of DHS Director Garcia. Presentations included an update from the Metrics subcommittee, clinical workforce

information from Greg Nelson, Director/Assistant Dean, Office of Statewide Clinical Education Programs with the University Of Iowa Carver School Of Medicine, regional children's services update by Darci Alt, Regional CEO, Heart of Iowa and a presentation from the Iowa Department of Public Health regarding the 2018/2019 Iowa Youth Survey and Iowa Youth Risk Behavior Survey.

MHDS Update

Theresa Armstrong noted that Julie Jetter, Community Consultant Specialist with DHS would be retiring at the end of June and that her replacement Don Gookin is scheduled to start on May 28, 2021.

Federal Funding

DHS received notification from SAMHSA that the American Rescue Plan Act (ARPA) allocation to Iowa will be \$11.2M. Iowa has from September 2021 to September 2025 to spend these dollars. DHS has to put together and submit a plan to SAMHSA on how the dollars will be spent. There are specific set-asides that are required which include 10% set aside for First Episode Psychosis (FEP) programs and 5% set aside for crisis services.

COVID Recovery Iowa

Following a federal review and positive feedback from both FEMA and SAMHSA, DHS was asked to submit a six-month extension of DHS's Disaster Behavioral Health Response Program. This would extend COVID Recovery Iowa services until March 31, 2022. DHS has submitted a cost extension, which includes a request for additional funds, but has not heard back yet regarding the award, as these grants need to have congressional approval. Theresa noted that COVID Recovery Iowa has had over 500,000 contacts since it was implemented in March 2020, which shows the significant use of the referral services provided.

MHDS Requests for Proposal (RFP)

The Peer and Family Peer Support and Recovery Peer Coach contract, following an RFP process, has been awarded to the University of Iowa, National Resource Center for Family Centered Practice. The RFP for the Projects for Assistance in the Transition of Homelessness (PATH) was awarded to the same seven providers as before which include; Abbe Center in Iowa City and Cedar Rapids, Vera French in Davenport, Hillcrest in Dubuque, Heartland Family Services in Council Bluffs, Primary Health Care in Des Moines, and Black Hawk Grundy in Waterloo.

MHDS Region Changes

MHDS Regional changes effective July 1, 2021 include Humboldt and Pocahontas Counties moving to Rolling Hills, Emmett County to Sioux Rivers and Cerro Gordo, Webster, Wright and Hancock Counties to Central Iowa Community Services (CICS).

Legislative Panel Discussion

Senator Sarah Trone Garriott and Representative Dennis Bush both of whom serve on the MHDS Commission introduced themselves and thanked the groups for the work they do.

Senator Trone Garriott stated that the House Human Services Budget Bill had passed, noting that there were significant increases in the rates for Psychiatric Medical Institution for Children (PMIC) providers as well as an increase for home-based Home and Community Based Services (HCBS) providers. She noted that more work needs to be done regarding the waiver process to make them more equal and flexible. Senator Trone Garriott spoke briefly about the property tax bill that includes mental health

funding noting the inclusion of telehealth parity in the bill, but that other issues such as funding of the children's system was not addressed. She encouraged advocates to step up every year to hold legislators accountable to ensure the money is there for MHDS services.

Representative Dennis Bush noted that telehealth parity was a big priority for the House this session. He also noted that there was also an increase in funding for the state facilities, funding to reduce waiting lists for waivers, and an increase in rates for home-based HCBS as well as PMIC providers. Representative Bush provided a brief MHDS Regional fund update and noted that this year was a productive one for mental health and that he was glad to see good work accomplished.

There was discussion regarding core services, jail diversion, statewide consistency, service outcomes versus service types, telehealth parity and the broadband bill as well as qualified immunity. There was discussion regarding Intensive Residential Service Homes (IRSH) and the difficulties faced by the MHDS Regions in trying to implement them including confusion regarding no eject, no reject, increase staffing credentials, patterns, trainings and costs. There was robust discussion regarding braided funding, Managed Care Organization (MCO) contracts for individual clients, extended rates, current workforce shortage, underutilization of peer support services and regional incentive programs for providers.

Public Comment

No public comment

Adjourn

Lorrie Young motioned to adjourn the meeting and was seconded by Diane Brecht. The motion passed unanimously and the meeting adjourned at 3:39 p.m.

Minutes respectfully submitted by Wendy DePhillips.